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CONFIRMATION NO. 2169

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|---|---|-------------------------------|---|--|---------------------------------|
| SERIAL NUMBER 09/892,404 | FILING OR 371(c) DATE 06/26/2001 RULE | CLASS 600 | GROUP ART UNIT 3736 | ATTORNEY DOCKET NO. 4003-01-1 (HV) | |
| APPLICANTS Mir A. Imran, Los Altos Hills, CA; Olivier K. Colliou, Los Gatos, CA; Ted W. Layman, Park City, UT; Sharon L. Lake, Menlo Park, CA; Harm TenHoff, Mountain View, CA; Timothy J. Hughes, Palo Alto, CA; | | | | | |
| ** CONTINUING DATA ***** <i>in BB</i> | | | | | |
| ** FOREIGN APPLICATIONS ***** <i>in BB</i> | | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 08/15/2001 | | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Burjal</i> Allowance <i>38</i> Examiner's Signature Initials | | STATE OR COUNTRY CA | SHEETS DRAWING 18 | TOTAL CLAIMS 184 | INDEPENDENT CLAIMS 21 |
| ADDRESS 40518 | | | | | |
| TITLE Capsule and method for treating or diagnosing the intestinal tract | | | | | |
| FILING FEE RECEIVED 2616 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |